## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

可好的性格的人情况 医神经病的 医自动性的 医自动性神经

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 17/7/04 2 Serial/Patent # 09964/16				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
1253	Extension of Time	11/12/04	,	\$ 980,00
	Notice of Appeal/Appeal	7 /		\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.		Ö	\$
, ,	Maintenance	,	·.	\$
	Assignment	( ( )		\$
	Other			\$
		7 TOTAL AMOUNT \$980,00		\$980.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Cı	redit Depo	osit A/C #:
	Duplicate Payment	90-0623		
X	No Fee Due (Explanation):			
NO E.O.T. DUE AFTEL ABN				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: D WOOD TITLE: GR ATTY				
signature: phone: 272 \$23/				
office: OF				
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED:  DATE:  DATE:				

Instructions for completion of this form appear on the back. After completion attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)